

Kean University

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2021

Travel Authorization Request Form

Kean University

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Blanket Travel Number

KEAN UNIVERSITY

TRAVEL AUTHORIZATION REQUEST

Name _____

Address _____

City _____ State _____ Zip _____

KEAN ID#: _____

Title _____ Location _____

FUND	COST CENTER	OBJECT

Email: _____ Ext. _____

Departure Date _____ AM _____ PM _____

Destination _____
(CITY & STATE)

Return Date _____ AM _____ PM _____

Conference Name _____

Is the employee's travel being **totally** paid for with University funds, grant funds held by the University or personal funds? **YES** _____ **NO** _____

Names and titles of other employees traveling on same mission:

REASON FOR TRAVEL

ESTIMATE OF TOTAL CHARGES TO BE INCURRED (EXAMPLES: Hotel, Registration Fees, Airfare, Parking, Meals, etc.)

Additional information: http://www.kean.edu/travel_manual.htmlITEMSAMOUNT**TOTAL EXPENSES**

Employee Signature _____ Date _____

UNIVERSITY APPROVALS

ORSP/Garnt Funded Program _____ Date _____
Only for Grant Funded Travel

Department Chair/Director _____ Date _____

Dean/Supervisor _____ Date _____

Division Vice President _____ Date _____

V.P. for Administration & Finance _____ Date _____
REQUIRED SIGNATURE

President _____ Date _____

ETHICS LIAISON OFFICER USE ONLY

Approved _____

Disapproved _____

Ethics Liasion Officer _____ Date _____